

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>12</i>	<i>32</i>	<i>3/8</i>
FORMALITY REVIEW	<i>BZ</i>	<i>IC3 823</i>	<i>03-29-01</i>
RESPONSE FORMALITY REVIEW	<i>RM</i>	<i>F81</i>	<i>06-29-01</i>

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	<i>5/11/01</i>
2	<i>5/17/01</i>
3	<i>5/22/01</i>
4	<i>5/22/01</i>
5	<i>5/22/01</i>
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Claim	Date
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If more than 150 claims or 10 actions  
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104-107-50